

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
107089220
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51							
2		1					52							
3		2					53							
4		2					54							
5		0					55							
6		0					56							
7		0					57							
8		0					58							
9		0					59							
10		0					60							
11	1						61							
12		1					62							
13		1					63							
14							64							
15							65							
16							66							
17							67							
18							68							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2						TOTAL IND.							
TOTAL DEP.	17						TOTAL DEP.							
TOTAL CLAIMS	15						TOTAL CLAIMS							